

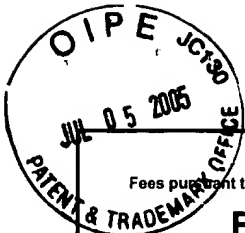
TW  
RCE

<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	09/734,220
	Filing Date	12/11/2000
	First Named Inventor	Marc W. Kauffman
	Group Art Unit	2145
	Examiner Name	Duong, Thomas
Total Number of Pages in this Submission	Attorney Docket Number	D02487

ENCLOSURES		(check all that apply)
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Licensing-Related papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/Declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter with appropriate copies
<input checked="" type="checkbox"/> Extension of time Request	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Response to Restriction Requirement
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Associate Power of Attorney
<input type="checkbox"/> Certified Copy of Priority Documents	<input type="checkbox"/> CD, Number of CDs	<input checked="" type="checkbox"/> RCE
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	<input type="checkbox"/> Copy of Notice to File Missing Parts
<input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual	Lawrence T. Cullen	Registration No.	44,489
Signature			
Date	7/1/05		

CERTIFICATE OF TRANSMITTAL/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to facsimile number _____ or deposited with the United States Postal Service with sufficient postage thereon, as first-class mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313 on the date listed below:	
Typed or printed name	Carol A. Smith
Signature	
Date	July 1, 2005



Effective on 12/08/2004

Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818)

# FEE TRANSMITTAL

For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

## Complete if Known

Application Number	09/734,220
Filing Date	12/11/2000
First Named Inventor	Marc W. Kauffman
Examiner Name	Duong, Thomas
Group Art Unit	2145
Attorney Docket No.	D02487

TOTAL AMOUNT OF PAYMENT (\$)**1770**

## METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: **502117** Deposit Account Name: **MOTOROLA, INC.**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, **except for the filing fee**

☒ Charge any additional fee(s) or underpayments of fee(s) ☒ Credit any overpayments

under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

## FEE CALCULATION

### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	<u>Small Entity</u> Fee (\$)	Fee (\$)	<u>Small Entity</u> Fee (\$)	Fee (\$)	<u>Small Entity</u> Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

### 2. EXCESS CLAIM FEES

Fee Description Fee (\$) Small Entity  
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25  
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100  
Multiple dependent claims 360 180

Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims  
- 20 or HP= x = Fee (\$)  
HP=highest number of total claims paid for, if greater than 20

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)  
- 3 or HP= x = Fee (\$)  
HP=highest number of independent claims paid for, if greater than 3

### 3. APPLICATION SIZE FEE:

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets - 100 = Extra Sheets /50 = Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  
(round up to a whole number) x

### 4. OTHER FEE(S)

3 Month Extension of Time  
RCE Fee

\$980  
\$790

Fee Paid (\$)

Complete (if applicable)

### SUBMITTED BY

Name (Print/Type)	Lawrence T. Cullen	Registration No.	44,489	Telephone	215-323-1797
Signature				Date	7/1/05